

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4768

605

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 6 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3438	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 2616 Charlotte STREET			
3. NAME OF DECEASED (Type or Print) a. (First) Delores		b. (Middle) Dean		c. (Last) Brandt		4. DATE OF DEATH (Month) (Day) (Year) 2 - 6 - 50	
5. SEX FEMALE		16. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH NOV-10-1942	
9. AGE (In years last birthday) 7 YEARS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT-12th GRADE		10b. KIND OF BUSINESS OR INDUSTRY LONGFELLOW SCHOOL		11. BIRTHPLACE (State or foreign country) ELDON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME A. G. BRANOT		13b. MOTHER'S MAIDEN NAME TREVA HAUPT		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MR. A. G. BRANOT		ADDRESS 2616 CHARLOTTE ST. KANSAS CITY MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non epidemic meningitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  3438				INTERVAL BETWEEN ONSET AND DEATH  5705	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 4, 1950, to Feb. 6, 1950, that I last saw the deceased alive on Feb. 6, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. W. Hart (Degree or title)				23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 2-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-9-1950		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-9-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newnam		ADDRESS 1331. BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.